

See Instructions and *Privacy Statement On Reverse Side

| | | | | | | |
|----------------------------------|---------------------|------------------------|--|--|----------------------|------------------------------------|
| CLAIMANT'S NAME Steve Spears | | | SSN or EMPLOYEE NUMBER* | | DEPARTMENT CalHFA | |
| POSITION Executive Director | | CB/ID No. EX | DIVISION or BUREAU Executive Office | | | INDEX NUMBER 1000 |
| RESIDENCE ADDRESS* [REDACTED] | | | HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400 | | | TELEPHONE NUMBER (916) 326-8086 |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY Sacramento | | STATE CA | ZIP CODE 95814 |

8:00 to 17:00

0.500

| (4) MONTH/YEAR | | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS | | | (9) INCIDENTALS | (10) TRANSPORTATION | | | | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY | | |
|-------------------------------|-------|--|----------------|-----------------------|-------|--|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|-----------------------------|--------------------------------------|--------|----------|
| Dec 10 | | | | (8) BREAK- FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | | |
| (5) DATE | TIME | | | | | | | | | | MILES | | | AMOUNT | |
| 12/5 | 6:00 | Sacramento to Washington DC | 223.28 | 6.00 | 10.00 | 18.00 | 6.00 | 70.00 | T | 9.00 | 25.00 | 12.50 | 9.95 | 364.73 | |
| 12/6 | | Washington DC | 223.28 | | | | 6.00 | 7.25 | T | 9.00 | | 0.00 | | 245.53 | |
| 12/7 | | Washington DC | 281.67 | | | 18.00 | 6.00 | | | 9.00 | | 0.00 | 9.95 | 324.62 | |
| 12/8 | 21:30 | Washington DC to Sacramento | | 6.00 | 10.00 | 18.00 | | 70.00 | T | 9.00 | 25.00 | 12.50 | | 125.50 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| (13) SUBTOTALS | | | 728.23 | 12.00 | 20.00 | 54.00 | 18.00 | 147.25 | | | 36.00 | 50.00 | 25.00 | 19.90 | 1,060.38 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | | |

CLAIM TOTAL

\$1,060.38

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

12/5-7: National Council of State Housing Agencies Board of Directors meeting and Executive Director Forum (meetings)

12/7: Meeting with State Street Bank and Deputy Assistant Secretary Gary Grippo; meeting with Fannie Mae

12/8: Meetings with Fannie Mae and Freddie Mac

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

1745503
12/22/10

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____